

Best Available Copy

| CLAIMS ONLY | | | | | | | | Application Number 10620872 | | Filing Date | |
|-------------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------------------------------|-------|-------------|--|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | | | | | | | 51 | | | | |
| 2 | | 1 | | | | | 52 | | | | |
| 3 | | | 1 | | | | 53 | | | | |
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| 50 | | | | | | | 100 | | | | |
| Total - Indep | | | | | | | Total - Indep | | | | |
| Total - Depend | 12 | | | | | | Total - Depend | | | | |
| Total Claims | 13 | | | | | | Total Claims | | | | |